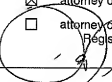


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.126 (a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i>	Docket Number (Optional): 25339																		
Application Number: <u>10/748,977</u>	Filed: 12/30/2003																		
For: <u>Method for forming individualized intrafiber crosslinked cellulosic fibers...</u>																			
Art Unit: 1623	Examiner: White, Everett NMN																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																			
	<table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$0 \$ <u>120</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$450</td> <td style="text-align: right;">\$225 \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$510 \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$795 \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$1080 \$ _____</td> </tr> </tbody> </table>		<u>Fee</u>	<u>Small Entity Fee</u>	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$0 \$ <u>120</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____
	<u>Fee</u>	<u>Small Entity Fee</u>																	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$0 \$ <u>120</u>																	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____																	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ _____																	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____																	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____																	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																			
<input type="checkbox"/> A check in the amount of the fee is enclosed.																			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-1480</u> .																			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,710</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.39 _____																			
 _____ David G Unrau Typed or printed name	_____ <u>03/01/2007</u> Date <u>253-924-3685</u> Telephone number																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																			
<input type="checkbox"/> Total of _____ forms are submitted.																			